

Telecommuting Application

Name: _____ Home Location: _____

Classification: _____ Home Phone: _____

Office Phone: _____ Supervisor: _____

Office Location: _____ Miles from Office to Home: _____

1. Briefly describe your current job responsibilities. *(Use additional sheets if necessary)*

2. Please read each of the following job characteristics and then rate each according to your current job requirements. If there is a **High** requirement, **Low** requirement, or **No** requirement for this aspect in your personnel skill-set or your job, please mark and **X** in the appropriate column.

Job Requirements	High	Low	None
1. Ability to control and schedule work			
2. Clear and understandable work assignment objectives			
3. Ability to work autonomously			
4. Requirement to concentration on work			
5. Amount of PC or computer work			
6. Clear understanding of computer security requirements			
7. Amount of face-to-face contact			
8. Amount of telephone communications			
9. Amount of in-office reference material needed			

10. Amount of generally sensitive material / data			
11. Amount of HIPAA material work requirement <i>(Health Insurance Portability and Accountability Act which requires employers to physically separate and safeguard employees' "protected health information" received from a group health plan.)</i>			
12. Amount of Tax information work			

High ratings for items 1 - 6 and low ratings for items 7 – 12 tend to indicate that the job and / or the person is compatible with the telecommuting program. However, your supervisor / management team will use your responses as only one part of their decision to approve this application.

3. Describe how your new job will be adapted to telecommuting:

4. How will telecommuting assist you in meeting the goals and needs of your work unit and benefit the State?

5. Considering the nature of your work, would you want to telecommute from home or another office close to your home?

Home Yes No

Another Office Yes No If Yes, Where? _____

6. How often do you believe you would telecommute? *(check only one)*

- A. Once every week
- B. Two days a week
- C. Three or five days a week
- D. Five days a week
- E. Occasionally for special projects

7. What kinds of work would you expect to do while telecommuting? (Check as many as apply and provide approximate percentage of time for each.)

<u>Type of work</u>	<u>Percentage of Time</u>
<input type="checkbox"/> A. Writing	_____
<input type="checkbox"/> B. Word Processing	_____
<input type="checkbox"/> C. Data Management	_____
<input type="checkbox"/> D. Computer Programming	_____
<input type="checkbox"/> E. Reading	_____
<input type="checkbox"/> F. Talking on the phone	_____
<input type="checkbox"/> G. Sending / receiving e-mail	_____
<input type="checkbox"/> H. Field visits / meetings	_____
<input type="checkbox"/> I. Planning / organizing	_____
<input type="checkbox"/> J. Administrative support work	_____
<input type="checkbox"/> K. Evaluation / research / analysis	_____
<input type="checkbox"/> L. Cell phone	_____
<input type="checkbox"/> M. Other (please specify)	_____

8. What equipment would you need to telecommute?

- Type of equipment
- A. Computer
 - B. Printer
 - C. Specialized Software
 - D. Fax
 - E. Copier
 - F. Long Distance Service Coverage
 - G. Locked Filing Cabinet
 - H. Other (please specify)

9. Have you ever worked from home on a regular basis, and if so, please describe the situation and work?

10. Describe the workspace in your home or other office that you intend to dedicate to performing your work.

11. What distractions or obligations might make working at home or another office difficult? What are your plans for handling these?

12. Do you have anything else you think bears on your leadership's decision to allow you to telecommute?

Employee Signature

Date

13. Supervisor's Comments

Denied Approved Details will be outlined in Telecommuting Agreement

Supervisor Signature

Date

Approving Official's Signature

Date